

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

*Application for a Class
C Charter Certificate*

BEFORE THE PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2008-145-T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Anthony Wright, SR.

Telephone: 803-278-0335

Address: 528 Edgefield Rd Suite F
Belvedere SC 29841

Fax:

Other:

Email:

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- ☐ Application - Class C Taxi
- ☒ Application - Class C Charter
- ☐ Application - Class C Charter Bus
- ☐ Application - Class C Non-Emergency
- ☐ Application - Class E Household Goods
- ☐ Application - Class E Hazardous Waste
- ☐ Application
- ☐ Request for Extension to Comply with Order
- ☐ Request for Order Granting Authority to Obtain Certificate of Public Convenience and Necessity to Be Rescinded
- ☐ Request for Cancellation of Certificate
- ☐ Request for Suspension
- ☐ Request for Reinstatement
- ☐ Request for Name Change on Certificate

- ☐ Request to Amend Scope of Authority
- ☐ Request to Amend Tariff (rate increase, etc.)
- ☐ Request to Amend Passenger Limit
- ☐ Request
- ☐ Exhibit
- ☐ Late-Filed Exhibit
- ☐ Letter
- ☐ Proposed Order
- ☐ Publisher's Affidavit
- ☐ Reservation Letter
- ☐ Response
- ☐ Return to Petition
- ☐ Other: _____

RECEIVED
DOCKETING LEFT

teal

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

Attn: Docketing Department

101 Executive Center Drive

Columbia, SC 29210

(Mailing address: Post Office Box 11649, Columbia, SC 29211)

Office # (803) 896-5100 - Fax # (803)-896-5199

RECEIVED

APR - 8 2008

ORS
T, T, W, W, M

CLASS C - CHARTER

DATE 2/22, 2008

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND
NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

- 1 Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

AIG TRANSPORTATION SERVICES, INC

- 2 (a) Street Address of Applicant 528 EDGEFIELD ROAD SUITE F

Belvedere S.C. 29841

- (b) Mailing address, if different from street address _____

- (c) Telephone Number 803-278-0335 Fed ID # 90-0351297

3. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of S.C., need S.C. Secretary of State "Foreign Corporation" Certificate.)
4. (a) If a partnership, names and addresses of all persons having an interest in the business. (b) If a corporation, names and addresses of two principal officers will be sufficient.

5. The proposed service to be provided and the proposed rates and charges for such service, per Exhibit "C" included herewith.

6. The proposed list of equipment is as per Exhibit "D" included herewith.

7. Applicant is financially able to furnish the services as specified in this Application and submit the following statement of assets and liabilities.

BALANCE SHEET

Balance at Time Application is Filed:

Month: MARCH Year: 2008

Assets:	
Cash	\$ 8,000.00
Receivables	0
Real Estate	0
Buildings and Equipment-Net	0
Motor Vehicles-Net	\$ 13,000.00
Garage Equipment-Net	0
Machinery and Tools-Net	0
Supplies on Hand	\$ 1,500.00
Prepays and Other Assets	0
Total Assets	\$ 22,500.00
Liabilities and Equity:	
Accounts Payable	\$ 42.00
Notes Payable	0
Mortgages Payable	\$ 580.00
Equipment Obligations	0
Accrued Salaries and Wages	0
Other Accrued Obligations	0
Other Liabilities	0
Total Liabilities	0
Capital Stock	0
Retained Earnings	0
Total Equity	0
Total Liabilities and Equity	\$ 622.00

8. Applicant is familiar with the provision of S.C. Code Ann., §58-23-10, et seq. (1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol. 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

I, ANTHONY T. WRIGHT, SR., CEO / DIRECTOR
 (Name of Applicant's Representative) (Title)

of A. G. TRANSPORTATION SERVICES, INC., the Applicant for the Certificate of Public
 (Applicant)

Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above Application are true and correct.

SWORN TO BEFORE ME

At Belvedere SCThis the 4 day of March 20 08

Ronald Miller
 (Notary Public)

Anthony T. Wright, Sr.
 (Signature of Applicant's Representative)

Notary Public, Richmond County, Georgia
 Commission Expires: My Commission Expires April 13, 2008

EXHIBIT C

CLASS C

TAXI

CHARTER ☒

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

Columbia, South Carolina

Applicant A + G TRANSPORTATION SERVICES INC

For the transportation of passengers as follows:

Area to be served: STATE WIDE

Number of passengers: 7

Fares: \$60.00 per person NOT TO EXCEED 25 miles per
ONE-WAY TRIP

Date FEBRUARY 29, 2008

Anthony L. Jr. JR
By

CEO / PRESIDENT
Title

Rev.10.03

EXHIBIT D

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

DESCRIPTION OF EQUIPMENT

[illegible]

* Seats if passenger carrier.

AIG TRANSPORTATION SERVICES, INC
(Applicant)

Date: FEBRUARY 29, 2008

ANTHONY T. WRIGHT, SR
(Applicant's Representative)

CEO/President
(Title)

INSURANCE QUOTE

The following insurance quote is for:

A & G TRANSPORTATION SERVICES, INC
(Name of Motor Carrier)

528 EDGEFIELD ROAD BEVERLY SC 29841
(Address of Motor Carrier)

Amount of Premium:

Liability Insurance \$612.00

The above quoted premium is for a term of 12 months.

Minimum Limits - Intrastate Only:

1 - 7 passengers	-	25,000/50,000/25,000
8 - 15 passengers	-	25,000/100,000/25,000

Victoria Fire & Casualty
(Insurance Company Name)

363 Washington Rd Augustay CoA 30907
(Home Office Address of Company)

is familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

4/4/08
Date

C. Ann [Signature]
(Authorized Insurance Company Representative)

South Carolina Commercial Insurance Quotation

Company Use Only
CEA FINS NA
COR PASS



Nationwide
On Your Side™

AGENCY INFORMATION

BUDD INSURANCE AGENCY INC (1390439)
3163 WASHINGTON ROAD
AUGUSTA, GA 30907

Phone: (706) 863-5100 Fax: (706) 868-1178

Today's Date: 04/04/2008
Rate Revision: 12/18/2006
Effective Date: 04/04/2008
Term: 12 Months

APPLICANT

A&G TRANSPORTATION SERVICES, INC.

QUOTE NAME

QUOTE NUMBER

059SC8801

DRIVER INFORMATION

Drv. #	First Name	Rating Age	Date of Birth	Marital Status	Points	SR 22	Driver Factor	Average Driver Factor
1	ANTHONY	46	06/11/1961	M	0	NA	0.0000	0.0000

VEHICLE INFORMATION

Veh. #	Zip Code	Territory	Symbol	Year	Make	Model	Use Class	Usage	Radius of Use	Stated Amount	Co. Use Only
1	29841	1	14	2001	CHEVROLET	VENTURE	L	Business use	50	10000	2, 1, 1

COVERAGE SUMMARY

Coverage	Limit	Total Premium
Liability (BI/PD)	\$25,000/\$50,000/\$25,000	\$514
Medical Payments	\$5,000	\$43
Uninsured Motorists - BI	\$25,000/\$50,000	\$42
Uninsured Motorists - PD	\$25,000 \$200 OED	\$13
Underinsured Motorists - BI	Reject	
Underinsured Motorists - PD	Reject	
Comprehensive		
Fire & Theft with Combined Additional Coverages		
Collision		
On-Hook Towing Liability	Reject	
Hired Auto Liability	None	
Employer's Non-Ownership Liability	None	

COVERAGE DETAIL

Veh. #	Liability (BI/PD)	Medical Payments	UM	U/M	UM/PD	UM/PPD	Comprehensive	F&T W/CAG	Collision	On-Hook Liability	Vehicle Total
1	\$514	\$43	NA								\$612
Total Fees = \$0.00 Fee(s) Applied:											
Total Premium = \$612.00 Policy Discount(s):											
Down Pay 16.5% = \$100.98											
9 installments @ = \$61.78											

UNDERWRITING QUESTIONS

Yes No N/A

☐ ☒ ☐

1. Has the applicant been covered by a commercial auto policy without lapse for a minimum of 12 months?

Policy Expiration Date (MM/DD/YYYY):

Current Bodily Injury Liability Limits:

☐ ☐ ☐

2. Is the applicant's commercial auto insurance policy currently written through your agency and HAVE THEY BEEN LOSS FREE DURING THE EXPIRING POLICY TERM?

☐ ☒ ☐

3. Does the Applicant have an inforce commercial or personal auto insurance policy underwritten by a Nationwide affiliated company?

Company Name:

EXHIBIT FWAName: A. G. TRANSPORTATION SERVICES, INCAddress: 528 EDGEFIELD ROAD SUITE F BELLEVILLE, SC 29841Telephone No. 803-278-0225 Fax No. 803-278-0226

U.S.D.O.T. No. _____ ICC No. _____

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

Yes _____ No ✓ Pending _____ (Submit when received)
(If "yes", indicate rating and provide copy) Satisfactory _____
Conditional _____
Unsatisfactory _____

2. Have any of Applicant's drivers or vehicles been placed "out of service" by Transport Police safety officers in the past twelve (12) months?

Yes _____ No ✓

3. Are there currently any outstanding judgment (s) against Applicant?

Yes _____ No ✓
(If "yes", indicate nature of judgment(s).)

4. Is Applicant familiar with all statutes and regulations, including safety regulations, governing for-hire motor carrier operations in South Carolina and does applicant agree to operate in compliance with these statutes and regulations?

Yes ✓ No _____

5. Is the Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

Yes ✓ No _____
(The attached Insurance Quote form must be completed, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide copy of insurance policies unless requested.)Anthony Chuliga, Sr
(Applicant's Signature)

Sworn to before me

At Belleville SCThis 4 day of March, 2008R. Condeell Miller
(Notary Public)Commission Expires: _____
Notary Public, Richmond County, Georgia
My Commission Expires April 1, 2008

FEB 28 2008

STATE OF SOUTH CAROLINA
SECRETARY OF STATE
NONPROFIT CORPORATION
ARTICLES OF INCORPORATION

Mark Hammond
SECRETARY OF STATE OF SOUTH CAROLINA

TYPE OR PRINT CLEARLY IN BLACK INK

Pursuant to Section 33-31-202 of the South Carolina Code of Laws, as amended, the undersigned corporation submits the following information:

1. The name of the nonprofit corporation is A & G TRANSPORTATION SERVICES, INC.
2. The initial registered office of the nonprofit corporation is 528 EDGEFIELD ROAD STE F

<u>Belvedere</u>	<u>AIKEN</u>	<u>SC</u>	<u>29841</u>
<small>City</small>	<small>County</small>	<small>State</small>	<small>Zip Code</small>

The name of the registered agent of the nonprofit corporation at that office is

ANTHONY T. WRIGHT SR
Print Name

I hereby consent to the appointment as registered agent of the corporation.

Anthony T. Wright Sr
Print Name

3. Check "a", "b", or "c" whichever is applicable. Check only one box:
 - a. ☒ The nonprofit corporation is a public benefit corporation.
 - b. ☐ The nonprofit corporation is a religious corporation.
 - c. ☐ The nonprofit corporation is a mutual benefit corporation.
4. Check "a" or "b", whichever is applicable:
 - a. ☐ This corporation will have members.
 - b. ☒ This corporation will not have members

080228-0156 FILED: 02/28/2008
A & G TRANSPORTATION SERVICES, INC.
Filing Fee: \$25.00 ORIG



Mark Hammond South Carolina Secretary of State

5. The address of the principal office of the nonprofit corporation is

<u>528 EDGEFIELD ROAD STE F</u>	<u>Belvedere</u>	<u>AIKEN</u>	<u>SC</u>	<u>29841</u>
<small>Street Address</small>	<small>City</small>	<small>County</small>	<small>State</small>	<small>Zip Code</small>

6. If this nonprofit corporation is either a public benefit or religious corporation (when box "a" or "b" of paragraph 3 is checked), complete either "a" or "b", whichever is applicable, to describe how the remaining assets of the corporation will be distributed upon dissolution of the corporation.

- a. ☒ Upon dissolution of the corporation, assets shall be distributed for one or more exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future Federal tax code, or shall be distributed to the Federal government, or to a state or local government, for a public purpose. Any such asset not so disposed of shall be disposed of by the Court of Common Pleas of the county in which the principal office of the corporation is then located, exclusively for such purposes or to such organization or organizations, as said court shall determine, which are organized and operated

A & G TRANSPORTATION SERVICES, INC.
Name of Corporation

exclusively for such purposes.

- b. ☐ Upon dissolution of the corporation, consistent with the law, the remaining assets of the corporation shall be distributed to

7. If the corporation is a mutual benefit corporation (when box "c" of paragraph 3 is checked), complete either "a" or "b", whichever is applicable, to describe how the (remaining) assets of the corporation will be distributed upon dissolution of the corporation.

- a. ☐ Upon dissolution of the mutual benefit corporation, the (remaining) assets shall be distributed to its members, or if it has no members, to those persons to whom the corporation holds itself out as benefiting or serving.
- b. ☐ Upon dissolution of the mutual benefit corporation, the (remaining) assets, consistent with the law, shall be distributed to

8. The optional provisions which the nonprofit corporation elects to include in the articles of incorporation are as follows (See 33-31-202(c) of the 1976 South Carolina Code of Laws, as amended, the applicable comments thereto, and the instructions to this form)

9. The name and address of each incorporator is as follows (only one is required)

Bellevue, SC.

ANTHONY T. WRIGHT, SR. 528 EDGEFIELD ROAD STE F 29841

Name

Address

Zip Code

GREGORY HORN SR. 528 EDGEFIELD ROAD STE F BELLEVUE SC 29841

Name

Address

Zip Code

Name

Address

Zip Code

10. Each original director of the nonprofit corporation must sign the articles but only if the directors are named in these articles:

ANTHONY T. WRIGHT, SR.

Name (Only if named in articles)

ANTHONY T. WRIGHT, SR.

Signature of director

GREGORY HORN SR.

Name (Only if named in articles)

GREGORY HORN SR.

Signature of director

Name (Only if named in articles)

Signature of director

11. Each incorporator must sign the articles.

ANTHONY T. WRIGHT, SR.

Signature of incorporator

GREGORY HORN SR.

Signature of incorporator

Signature of incorporator

AIG Transportation Services, Inc
Name of Corporation

FILING INSTRUCTIONS

1. Two copies of this form, the original and either a duplicate original or a conformed copy, must be filed.
2. If space in this form is insufficient, please attach additional sheets containing a reference to the appropriate paragraph in this form, or prepare this using a computer disk, which will allow for expansion of space on the form.
3. This form must be accompanied by the filing fee of \$25.00 payable to the "Secretary of State."

Return to: Secretary of State
P.O. Box 11350
Columbia, SC 29211
4. If this organization is a Political Association it must also be accompanied by the First Annual Report of Corporations and an additional \$25.00 fee is required.

NOTE

THE FILING OF THIS DOCUMENT DOES NOT, IN AND OF ITSELF, PROVIDE AN EXCLUSIVE RIGHT TO USE THIS CORPORATE NAME ON OR IN CONNECTION WITH ANY PRODUCT OR SERVICE. USE OF A NAME AS A TRADEMARK OR SERVICE MARK WILL REQUIRE FURTHER CLEARANCE AND REGISTRATION AND BE AFFECTED BY PRIOR USE OF THE NAME. FOR MORE INFORMATION CONTACT THE TRADEMARKS DIVISION OF THE SECRETARY OF STATE'S OFFICE AT (803) 734-1728.